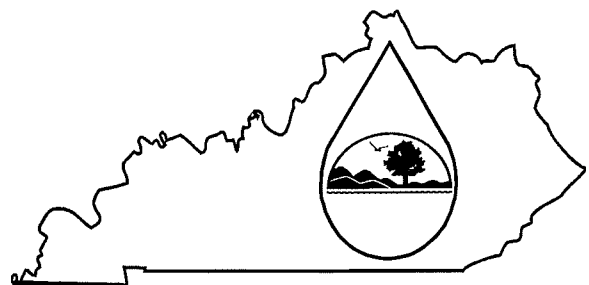


US EPA ARCHIVE DOCUMENT

KPDES FORM 1

2-1-11

AI 2654



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☒ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

Surface Water Permits Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	9	1	9	1	0
A. Name of Business, Municipality, Company, Etc. Requesting Permit Leeco, Inc									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Buckeye Creek Mine #68					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Craig Travis, Chief Engineer				
Facility Location Address (i.e. street, road, etc., not P.O. Box):					Mailing Address: Same as owner's address				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code: Same as owner's address				
D. Owner's name (if not the same as in part A and C): Same as part A.					Facility Contact Telephone Number: 606-878-7411				
Owner's Mailing Address: 1374 Highway 192 East, London, KY 40741					Owner's Telephone Number (if different): Same				
II. FACILITY DESCRIPTION									
A. Provide a brief description of activities, products, etc: Coal processing & loading facility with a small amount of proposed contour mining associated with reclamation.									
B. Standard Industrial Classification (SIC) Code and Description									
Principal SIC Code & Description:		1221 Bituminous coal and lignite surface mining refuse impoundment							
Other SIC Codes:									
III. FACILITY LOCATION									
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)									
B. County where facility is located: Perry					City where facility is located (if applicable): Jeff, KY				
C. Body of water receiving discharge: Buckeye Creek of the North Fork of the Kentucky									
D. Facility Site Latitude (degrees, minutes, seconds): 37° 12' 56"					Facility Site Longitude (degrees, minutes, seconds): -83° 07' 59"				
E. Method used to obtain latitude & longitude (see instructions): 7.5' USGS topo									

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: N/A	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Certification Class: N/A	Certification Number: N/A

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0091910	Issue Date of Current Permit: 7/5/07	Expiration Date of Current Permit: 7/31/11
Other DOW Operational Permit #:	Kentucky DMR Permit Number(s): 897-0287 AM-07	Sludge Disposal Permit Number:
Other Existing Environmental Permit #:	Other Existing Environmental Permit #:	Other Existing Environmental Permit #:

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Craig Travis
DMR Official Telephone Number:	606-878-7411

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Leeco Inc.
DMR Mailing Address:	1374 Hwy 192 East
DMR Mailing City, State, Zip Code:	London, KY 40741

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:

Surface Mining Operation

Filing Fee Enclosed:

\$660

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

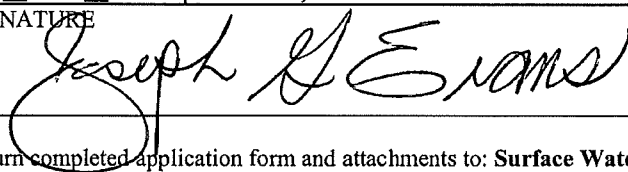
Mr. ☒ Ms. ☐ Joseph G. Evans, President Leeco Inc.

PHONE NUMBER: 606-878-7411

EMAIL: joseph.evans@JamesRiverCoal.com

SIGNATURE

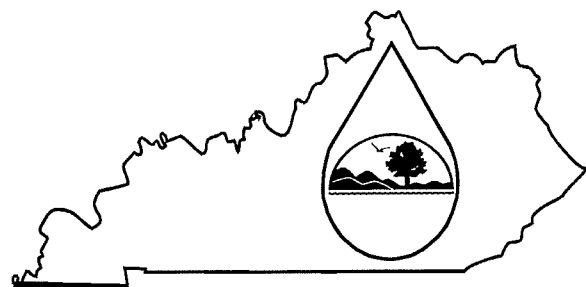
DATE:



2-1-11

Return completed application form and attachments to: Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Buckeye Creek Mine #68, Leeco Inc.				County: Perry			
I. OUTFALL LOCATION				AGENCY USE			
For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1668	37	13	8.3676	-83	7	42.7902	Buckeye Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
(list)	Operation (list)	Avg/Design Flow Flow (include units)	Description	List Codes from Table C-1
1668	Sedimentation Pond	Precipitation Dependant	Sedimentation & Discharge to Surface Water	1-U & 4-A, respectively

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐

Yes (Complete the following table.)

☒

No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				Duration (in days)
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

--	--	--	--	--	--	--	--	--

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

- ☐ Yes (Complete Item III-B) List effluent guideline category:
- ☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

- ☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

- ☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

--

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

--

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

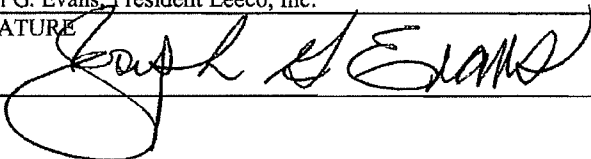
☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
McCoy and McCoy Laboratories	825 Industrial Road, Madisonville, KY 42431	(270) 821-7375	Antimony, Arsenic, Berellium, Cadmium, Calcuim, Chloride, Chromium, Conductivity, Copper, Hardness, Iron, Lead, Magnesium, Manganese, Mercury, Nickel, pH, Potassium, Selenium, Silver, Sodium, Sulfates, Total Dissolved Solids, Thallium, and Zinc

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Joseph G. Evans, President Leeco, Inc.	606-878-7411
SIGNATURE 	DATE 2-1-11

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO.		
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	“Waver Requested”											
b. Chemical Oxygen Demand (COD)	“Waver Requested”											
c. Total Organic Carbon (TOC)	“Waver Requested”											
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)	“Waver Requested”											
f. Flow (in units of MGD)	VALUE		VALUE		VALUE			MGD		VALUE		
g. Temperature (winter)	VALUE “Waver Requested”		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE “Waver Requested”		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride		X												
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as CaCO ₃)	X													
i. Nitrate – Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
			Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
n. Sulfate (as SO ₄) (14808-79-8)	X													
o. Sulfide (as S)		X												
p. Sulfite (as SO ₄) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	X													
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)	X													
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X														
2M. Arsenic, Total (7440-38-2)	X														
3M. Beryllium Total (7440-41-7)	X														
4M. Cadmium Total (7440-43-9)	X														
5M. Chromium Total (7440-43-9)	X														
6M. Copper Total (7550-50-8)	X														
7M. Lead Total (7439-92-1)	X														
8M. Mercury Total (7439-97-6)	X														
9M. Nickel, Total (7440-02-0)	X														
10M. Selenium, Total (7782-49-2)	X														
11M. Silver, Total (7440-28-0)	X														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X														
13M. Zinc, Total (7440-66-6)	X														
14M. Cyanide, Total (57-12-5)	X														
15M. Phenols, Total	X														
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	Exempt /Not Required														
2V. Acrylonitrile (107-13-1)	Exempt /Not Required														
3V. Benzene (71-43-2)	Exempt /Not Required														
5V. Bromoform (75-25-2)	Exempt /Not Required														
6V. Carbon Tetrachloride (56-23-5)	Exempt /Not Required														
7V. Chloro- benzene (108-90-7)	Exempt /Not Required														
8V. Chlorodibro- momethane (124-48-1)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)	Exempt /Not Required														
10V. 2-Chloro- ethylvinyl Ether (110-75-8)	Exempt /Not Required														
11V. Chloroform (67-66-3)	Exempt /Not Required														
12V. Dichloro- bromomethane (75-71-8)	Exempt /Not Required														
14V. 1,1- Dichloroethane (75-34-3)	Exempt /Not Required														
15V. 1,2- Dichloroethane (107-06-2)	Exempt /Not Required														
16V. 1,1- Dichlorethylene (75-35-4)	Exempt /Not Required														
17V. 1,2-Di- chloropropane (78-87-5)	Exempt /Not Required														
18V. 1,3- Dichloropro- pylene (452-75-6)	Exempt /Not Required														
19V. Ethyl- benzene (100-41-4)	Exempt /Not Required														
20V. Methyl Bromide (74-83-9)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
21V. Methyl Chloride (74-87-3)	Exempt /Not Required														
22V. Methylene Chloride (75-00-2)	Exempt /Not Required														
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)	Exempt /Not Required														
24V. Tetrachloro- ethylene (127-18-4)	Exempt /Not Required														
25V. Toluene (108-88-3)	Exempt /Not Required														
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)	Exempt /Not Required														
27V. 1,1,1-Tri- chloroethane (71-55-6)	Exempt /Not Required														
28V. 1,1,2-Tri- chloroethane (79-00-5)	Exempt /Not Required														
29V. Trichloro- ethylene (79-01-6)	Exempt /Not Required														
30V. Vinyl Chloride (75-01-4)	Exempt /Not Required														

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chloro-phenol (95-57-8)	Exempt /Not Required															
2A. 2,4-Dichloro-phenol (120-83-2)	Exempt /Not Required															
3A. 2,4-Dimethylphenol (105-67-9)	Exempt /Not Required															
4A. 4,6-Dinitro-o-cresol (534-52-1)	Exempt /Not Required															
5A. 2,4-Dinitro-phenol (51-28-5)	Exempt /Not Required															
6A. 2-Nitro-phenol (88-75-5)	Exempt /Not Required															
7A. 4-Nitro-phenol (100-02-7)	Exempt /Not Required															
8A. P-chloro-m-cresol (59-50-7)	Exempt /Not Required															
9A. Pentachloro-phenol (87-88-5)	Exempt /Not Required															
10A. Phenol (108-05-2)	Exempt /Not Required															
11A. 2,4,6-Trichlorophenol (88-06-2)	Exempt /Not Required															
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)	Exempt /Not Required															

Part C -- Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phtylene (208-96-8)	Exempt /Not Required														
3B. Anthra- cene (120-12-7)	Exempt /Not Required														
4B. Benzidine (92-87-5)	Exempt /Not Required														
5B. Benzo(a)- anthracene (56-55-3)	Exempt /Not Required														
6B. Benzo(a)- pyrene (50-32-8)	Exempt /Not Required														
7B. 3,4-Benzo- fluoranthene (205-99-2)	Exempt /Not Required														
8B. Benzo(ghi) perylene (191-24-2)	Exempt /Not Required														
9B. Benzo(k)- fluoranthene (207-08-9)	Exempt /Not Required														
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)	Exempt /Not Required														
11B. Bis (2-chlor- oisopropyl)- Ether	Exempt /Not Required														
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	Exempt /Not Required														
14B. Butyl-benzyl phthalate (85-68-7)	Exempt /Not Required														
15B. 2-Chloro-naphthalene (7005-72-3)	Exempt /Not Required														
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	Exempt /Not Required														
17B. Chrysene (218-01-9)	Exempt /Not Required														
18B. Dibenzo-(a,h) Anthracene (53-70-3)	Exempt /Not Required														
19B. 1,2-Dichloro-benzene (95-50-1)	Exempt /Not Required														
20B. 1,3-Dichloro-Benzene (541-73-1)	Exempt /Not Required														
21B. 1,4-Dichloro-benzene (106-46-7)	Exempt /Not Required														
22B. 3,3-Dichloro-benzidene (91-94-1)	Exempt /Not Required														
23B. Diethyl Phthalate (84-66-2)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	Exempt /Not Required														
25B. Di-N-butyl Phthalate (84-74-2)	Exempt /Not Required														
26B. 2,4-Dinitro-toluene (121-14-2)	Exempt /Not Required														
27B. 2,6-Dinitro-toluene (606-20-2)	Exempt /Not Required														
28B. Di-n-octyl Phthalate (117-84-0)	Exempt /Not Required														
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	Exempt /Not Required														
30B. Fluoranthene (208-44-0)	Exempt /Not Required														
31B. Fluorene (86-73-7)	Exempt /Not Required														
32B. Hexachloro-benzene (118-71-1)	Exempt /Not Required														
33B. Hexachloro-butadiene (87-68-3)	Exempt /Not Required														
34B. Hexachloro-cyclopenta-diene (77-47-4)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)	Exempt /Not Required														
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)	Exempt /Not Required														
37B. Isophorone (78-59-1)	Exempt /Not Required														
38B. Napthalene (91-20-3)	Exempt /Not Required														
39B. Nitrobenzene (98-95-3)	Exempt /Not Required														
40B. N-Nitroso-dimethylamine (62-75-9)	Exempt /Not Required														
41B. N-nitrosodi-n-propylamine (621-64-7)	Exempt /Not Required														
42B. N-nitrosodiphenylamine (86-30-6)	Exempt /Not Required														
43B. Phenanthrene (85-01-8)	Exempt /Not Required														
44B. Pyrene (129-00-0)	Exempt /Not Required														
45B. 1,2,4 Trichlorobenzene (120-82-1)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)	Exempt /Not Required														
2P. α-BHC (319-84-6)	Exempt /Not Required														
3P. β-BHC (58-89-9)	Exempt /Not Required														
4P. gamma-BHC (58-89-9)	Exempt /Not Required														
5P. δ-BHC (319-86-8)	Exempt /Not Required														
6P. Chlordane (57-74-9)	Exempt /Not Required														
7P. 4,4’-DDT (50-29-3)	Exempt /Not Required														
8P. 4,4’-DDE (72-55-9)	Exempt /Not Required														
9P. 4,4’-DDD (72-54-8)	Exempt /Not Required														
10P. Dieldrin (60-57-1)	Exempt /Not Required														
11P. α- Endosulfan (115-29-7)	Exempt /Not Required														
12P. β- Endosulfan (115-29-7)	Exempt /Not Required														
13P. Endosulfan Sulfate (1031-07-8)	Exempt /Not Required														
14P. Endrin (72-20-8)	Exempt /Not Required														

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)	Exempt /Not Required														
16P. Heptachlor (76-44-8)	Exempt /Not Required														
17P. Heptaclor Epoxide (1024-57-3)	Exempt /Not Required														
18P. PCB-1242 (53469-21-9)	Exempt /Not Required														
19P. PCB-1254 (11097-69-1)	Exempt /Not Required														
20P. PCB-1221 (11104-28-2)	Exempt /Not Required														
21P. PCB-1232 (11141-16-5)	Exempt /Not Required														
22P. PCB-1248 (12672-29-6)	Exempt /Not Required														
23P. PCB-1260 (11096-82-5)	Exempt /Not Required														
24P. PCB-1016 (12674-11-2)	Exempt /Not Required														
25P. Toxaphene (8001-35-2)	Exempt /Not Required														